1		PATENT .	APPLICAT	TION FEE C bstitute for Fo	ne required to resp DETERMINAT rm PTO-875	ond to a collection of information RECORD	ark Office: U.S on unless it dis Appli	anonior Docket	Number	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							10 501, 533		
	. FOR				(Column 2) SMALL ENTITY		r OR	· · OTH	· OTHER THAI SMALL ENTITI	
	ASIC FEE 37 OFR 1.16(a))		NUMBER FILED 6		NUMBER EXTRA	RATE FE	E	RATE	T	
1 6	OTAL CLAIMS 37 CFR 1.16(c))				·		- OR		· FE	
10	DEPENDENT (	CLAIMS	minus 20 = -		· · · · · · · · · · · · · · · · · · ·	x s <u>25</u> =	OR	× 50.	- 5	
_	MULTIPLE DEPENDENT CLAIM PRESENT			is 3 = .		x s 100=	OR	x , 200	+	
i				(37 CFR 1.16(	+5.180	OR	+360			
	the difference in column 1 is less than zero, enter $^{\circ}$ 0° in column 2.					TOTAL		+ 32 00	<del> </del>	
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						TOTAL	L	,360.		
4 (	If the entry in co	lumn 1 is less	than the entry	in column 2, writ N THIS SPACE	e "0" in column 3,	ADD'L FEE	OR ADI	TAL D'L FEE		

In the Highest Number Previously Paid For IN THIS SPACE is less than Zu, enter Zi II the Highest Number Previously Paid For IN THIS SPACE is less than J. enter J.

"If the Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter 3. The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.